

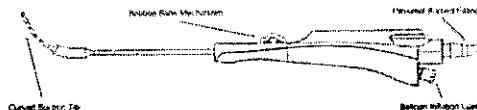
k12 1174

MAY 17 2012



## 510(k) Summary

**Date Prepared:** April 16, 2012  
**Submitter Information:** Entellus Medical, Inc.  
6705 Wedgwood Court, North  
Maple Grove, MN 55311  
**Establishment Registration:** 3006345872  
**Contact Information:** Karen E. Peterson  
Vice President Clinical, Regulatory and Quality  
(763) 463-7066  
[kpetserson@entellusmedical.com](mailto:kpetserson@entellusmedical.com)  
**Device Information:**  
**Trade Name:** XprESS Multi-Sinus Dilation Tool  
**Common Name:** Sinus Balloon Dilation System  
**Classification Name:** ENT Manual Surgical Instrument  
**Product Code:** LRC  
**Regulation Number:** Class I, 21 CFR 874.4420  
**Predicate Device:** XprESS Multi-Sinus Dilation Tool [K112506]  
**Device Description:**  
The XprESS Multi-Sinus Dilation Tool is intended to remodel or recreate the sinus outflow tract via trans-nasal balloon dilation. The XprESS device combines features of a curved suction tip and a frontal ostium seeker with the tissue expansion effect of balloon dilation. The familiar features of this device enable a physician to track the device to the sinus ostium using endoscopic visualization. Since the distal end of the device is re-shapeable, one balloon can be modified to work on multiple sinuses within the same patient.



XprESS Multi-Sinus Dilation Tool

The XprESS device curved suction tip has a 2 mm atraumatic ball tip with a 1 mm inside diameter. A suction tube may be connected to the proximal barbed fitting to provide active suction by covering the suction vent. An Infusion Line connected to a syringe may be connected to the proximal barbed fitting to provide irrigation. The device was designed to prevent fluid from exiting the suction vent during irrigation.

The XprESS Multi-Sinus Dilation Tool is provided sterile and for single use only.

The items packaged with the XprESS Multi-Sinus Dilation Tool include the Inflation Device, Bending Tool and two Infusion Lines.

XprESS is available in the following balloon sizes. Both balloon lengths are appropriate for treating all sinuses; selection is based on physician preference.

Balloon Diameter (mm)	Balloon Length (mm)
5	18
6	8
6	18
7	18

The XprESS Multi-Sinus Dilation Tool has been tested to withstand multiple inflations and device tip manipulations in a surgical case wherein all 6 sinus ostia are being dilated.

**Indication for Use:**

To access and treat the frontal recesses, sphenoid sinus ostia and maxillary ostia/ethmoid infundibula in adults using a trans-nasal approach. The bony sinus outflow tracts are remodeled by balloon displacement of adjacent bone and paranasal sinus structures.

**Contraindications:**

- Do not use this XprESS device in patients who are allergic to nickel or barium sulfate.
- Do not attach the XprESS device directly to the CT Image Guidance systems. This may result in inaccurate device positioning.

**Technological Characteristics:**

The XprESS device has the same indications for use and fundamental scientific technology as the predicate device [K112506]. The subject device has the same technological characteristics (i.e., principle of operation, basic design, function, materials, biocompatibility, packaging, shelf life and sterilization) as the predicate device.

**Substantial Equivalence:**

The XprESS device has the same indications for use and fundamental scientific technology as the predicate device. The XprESS device is substantially equivalent to the predicate device.

**Performance Data:**

Performance testing of the XprESS device consisted of design verification testing and simulated use in a cadaver model to support the additional balloon size. Sterilization, packaging testing, biocompatibility, animal and clinical data was not submitted. Performance testing showed that the device meets design specifications and performed as intended.

**Conclusion:**

In conclusion, the indications for use and technological characteristics are the same as or equivalent to the predicate device. Performance testing has demonstrated that the device is safe and effective and that its performance is substantially equivalent to the predicate device.



## DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room -WO66-G609  
Silver Spring, MD 20993-0002

Entellus Medical, Inc.  
c/o Ms. Karen E. Peterson  
Vice President Clinical, Regulatory and Quality  
6705 Wedgewood Court North  
Maple Grove, MN 55311

MAY 17 2012

Re: K121174  
Trade/Device Name: XprESS Multi-Sinus Dilation Tool  
Regulation Number: 21 CFR 874.4420  
Regulation Name: Ear, Nose, and Throat Manual Surgical Instrument  
Regulatory Class: Class I  
Product Code: LRC  
Dated: April 16, 2012  
Received: April 17, 2012

Dear Ms. Peterson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

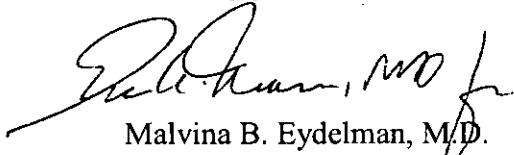
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



Malvina B. Eydelman, M.D.

Director

Division of Ophthalmic, Neurological,  
and Ear, Nose and Throat Devices

Office of Device Evaluation

Center for Devices and  
Radiological Health

Enclosure

## 6. Indications for Use Statement

510(k) Number (if known):

K121174

Device Name:

XprESS Multi-Sinus Dilation Tool

### Indications for Use

To access and treat the frontal recesses, sphenoid sinus ostia and maxillary ostia/ethmoid infundibula in adults using a trans-nasal approach. The bony sinus outflow tracts are remodeled by balloon displacement of adjacent bone and paranasal sinus structures.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH Office of Device Evaluation (ODE)

Prescription Use X - OR/AND

Over-the-Counter Use \_\_\_\_\_

Daniel C Clappier  
(Division Sign-Off)

Division of Ophthalmic, Neurological and Ear,  
Nose and Throat Devices

510(k) Number K121174